

To: Opticians, Optometrists, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Claims Submission Documentation Requirements for Contact Lenses for Members with a Diagnosis of Aphakia or Keratoconus

Effective immediately, providers are required to include the documentation listed in this Wisconsin *BadgerCare Plus Update* when submitting claims for contact lenses for members with the diagnosis of either aphakia or keratoconus.

The information in this *Update* applies to the BadgerCare Plus Standard Plan only.

This Wisconsin *BadgerCare Plus Update* describes the specific documentation providers are required to include with the claim when submitting claims for contact lenses for members with a diagnosis of aphakia or keratoconus. Prior authorization is not required for contact lenses for members with a diagnosis of aphakia or keratoconus.

Information in this *Update* applies to the BadgerCare Plus Standard Plan only. Contact lenses are not covered under the BadgerCare Plus Benchmark Plan.

Providers are required to attach the following information to the paper 1500 Health Insurance Claim Form (dated 08/05):

- The lab cost of the lenses. Attach a copy of the invoice for the lenses or a copy of the catalog page with the specific lens highlighted or underlined.
- The amount of the provider's usual and customary dispensing fee.
- The specifications of the contact lenses. Providers should include the following for each lens:
 - ✓ Base curve.

- ✓ Diameter.

- ✓ Power.

- ✓ Material.

- The contact lens manufacturer.
- Whether it is an initial fitting or replacement lenses.

All claims for contact lenses are reviewed by BadgerCare Plus. Claims submitted without the required information will be returned to the provider with a request for the necessary documentation. The additional documentation establishes the pricing of the contact lenses. A diagnosis of aphakia or keratoconus does not guarantee payment for contact lenses. Contact lenses must be medically necessary and the provider is required to submit a correct claim.

Refer to Attachments 1 and 2 of this *Update* for a list of applicable procedure codes and diagnoses.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Applicable Procedure Codes When Submitting Claims for Contact Lenses for Members with a Diagnosis of Aphakia or Keratoconus

The following table lists the allowable procedure codes when submitting claims for contact lenses for members with a diagnosis of aphakia or keratoconus.

Code	Description
V2500	Contact lens, PMMA; spherical, per lens
V2501	toric or prism ballast; per lens
V2502	bifocal, per lens
V2503	color vision deficiency, per lens
V2510	Contact lens, gas permeable; spherical, per lens
V2511	toric, prism ballast, per lens
V2512	bifocal, per lens
V2513	extended wear, per lens
V2520	Contact lens hydrophilic; spherical, per lens
V2521	toric, or prism ballast, per lens
V2522	bifocal, per lens
V2523	extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	Contact lens, other type
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaption; corneal lens, both eyes, except for aphakia
92326	Replacement of contact lens

ATTACHMENT 2

Applicable Diagnoses When Submitting Claims for Contact Lenses for Members with a Diagnosis of Aphakia or Keratoconus

The following table lists the allowable diagnoses when submitting claims for contact lenses for members with a diagnosis of aphakia or keratoconus.

Diagnosis	Description
371.60	Keratoconus, unspecified
371.61	Keratoconus, stable condition
371.62	Keratoconus, acute hydrops
379.31	Aphakia